

TESTIMONY OF
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Submitted to the
U.S. Senate Indian Affairs Committee
Field Hearing on Suicide Rates Among Native American Teens
May 2, 2005 Bismarck, North Dakota

Vice Chairman Dorgan and other members of the Committee, thank you for the opportunity to provide testimony today on behalf of the Mandan, Hidatsa and Arikara Nation on a very important issue that continues to plague Indian Country, and in particular, youth on the several reservations in the State of North Dakota. I apologize that I cannot be present today to testify personally; unfortunately I have preexisting commitment that would not allow me to be here today. However, I appreciate the invitation to provide my comments and more importantly, I appreciate the efforts that are being made by this Committee and Senator Dorgan to address the problem with teen suicide among Native American Youth. I also appreciate and thank you for bringing this hearing here to North Dakota so that our tribal members are able to participate in this important process.

I believe the recent tragedy on the Red Lake Reservation and the rash of suicides on the Standing Rock Reservation have caused all of us to open our eyes and realize that our youth are suffering and are at risk. First and foremost, it is absolutely essential that a comprehensive assessment/survey be conducted to determine why our children would even consider suicide an option. That could then be used to identify our youth who are at risk and develop strategies to address the problems our children are facing.

I would like to begin by providing some background and statistics on suicide in general on the Fort Berthold Indian Reservation. I will also provide you with information regarding the lack of resources which hamper our ability to effectively address this issue and would like to conclude with my recommendations to the Committee on how we can better serve the needs of our youth and prevent these tragic events from occurring.

Members of the Committee, I do not need to restate the stunning statistic rates for teen suicide among Native youth; you are very aware of these alarming numbers. I will present to you our most recent data regarding suicide on the Fort Berthold Reservation. Fortunately for my reservation, we have not had a successful suicide since 2003; we have however, had increasing numbers of attempts.

- 1 November 04 through December 04: 9 gestures, ideations or attempts reported;
- 2 January 05 through April 05: 18 gestures, ideations or attempts reported;
- 3 Law enforcement responds to an average of 2-3 attempts per month

Of course, as the case usually is in Indian Country, the lack of resources is the major obstacle in preventing teen suicides and attempts. Two of the major components that are directly responsible for the intervention and prevention of suicide, mental health and law enforcement services, continue to face decreased funding. The following data represents a synopsis of those services as they are available on the Fort Berthold Reservation:

1 Mental Health Services:

- \$242,565 annual budget for I.H.S. to service a population of approximately 7000 individuals (roughly \$354 per person annually)
- 1 full-time licensed therapist (Director of Mental Health)- approximately 40 % of time is spent providing direct patient care- other time is spent on administration and management
- Full-time Social Services representative- does not provide direct patient care or therapy
- Full-time Clinical Social Worker position was eliminated from the FY 05 budget due to lack of funding
- 1 Contract Psychiatrist- 1 day every other week (6 hr day-sees average of 25 patients-approximately 10 minutes per patient)- primarily provides medication management
- 1 Contract Psychologist- 1 day per week (6 hour day-sees an average of 5-6 patients per day)
- Suicide attempts are referred for hospitalization for up to 72 hours off reservation- patient follow up is minimal due to lack of mental health services available locally

2 Law Enforcement:

- Serves 6 tribal communities and over 980,000 acres of land
- 1 BIA Chief of Police and 1 lieutenant-primarily administrators
- 6 BIA patrol officers
- 8 tribal police officers employed under COPS Fast Program
- Since FY 2003 Tribe has experienced loss of 7 tribal police officers due to COPS Fast budget cuts
- Facing continued threat of elimination of COPS Fast funding which would result in a loss of 8 officers and leave a total of 8 officers servicing the entire Reservation to provide 24 hour coverage

It cannot be denied that this lack of essential services has a direct impact on the ability to prevent and intervene in suicides. Another valuable resource for Indian Country in the area of health care and mental health care needs that is facing elimination due to budget cuts is the Indians into Medicine (INMED), the Recruitment and Retention of Indian Nurses Program (RAIN) and the Indians into Psychology Program. These programs are vital to improving the delivery of health and mental health care services in Indian Country. We cannot afford to loose these programs.

With those matters in mind, I make the following recommendations for immediate action:

1. Increase Indian Health Service Budget to provide additional funding for mental health services with emphasis on funds for youth mental health services;
2. Support the Tribal COPS Fast Program;
3. Support continued funding for the INMED, RAIN and INPSYCH programs; and
4. Assess how public and tribal schools can better serve the mental health needs of children and identify at risk youth.

More long range recommendations include:

1. An immediate study/assessment must to be completed to determine why our

children are taking or attempting to take their own lives and to provide tools to identify at risk youth;

2. Use the information from the assessment to address youth needs.

Again, I thank you for this opportunity to provide information and hope that you will continue forward with finding solutions to address this problem.